

## CITY OF BOSTON



Patricia A. Malone  
Director

George S. Alex  
Deputy/Special Asst. Corp. Counsel

Boston City Hall  
Room 817  
Boston, MA 02201  
(617) 635-4165  
Fax (617) 635-4174

## Mayor's Office of Consumer Affairs and Licensing

**APPLICATION FOR AUTOMATIC AMUSEMENT DEVICES AND OTHER GAMES**

If you are applying for any type of coin controlled amusement game machine, please answer the following:

1. Total Number of games or machines \_\_\_\_\_
2. Name(s) of game or machine: \_\_\_\_\_  
\_\_\_\_\_
3. Manufacturer and Manufacturer's Serial Number(s) \_\_\_\_\_  
\_\_\_\_\_
4. Will you own the coin-controlled game(s)? \_\_\_\_\_
5. If not, please provide the name, address and telephone number of the owner/vendor of the games  
\_\_\_\_\_
6. Is this game(s) approved by the State Director of Standards? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Does your premises have a remote switch to shut off games? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes,  
please indicate location of such switch. \_\_\_\_\_
8. Is this a game(s) involving, in whole or in part, the skill of the player? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are requesting more than 4 games or your premises does not hold an alcoholic beverage license, you **MUST** submit a copy of your use & occupancy certificate with this application

**NOTE: IF YOU ARE A NEW LICENSEE AND THIS IS THE ONLY APPLICATION YOU ARE FILING,  
YOU MUST COMPLETE THE ENTIRE APPLICATION**

**STATEMENT OF APPLICANT: Under the pains and penalties of perjury, I affirm that the answers contained in this application are true to the best of my knowledge and belief, and that there are no other indirect interests in this license other than those indicated in this application.**

1. d/b/a(business name) \_\_\_\_\_
2. Telephone(preises) \_\_\_\_\_
3. Business Address \_\_\_\_\_
4. Name of Individual signing application \_\_\_\_\_
5. Relationship to Business (please explain) \_\_\_\_\_
6. Home address \_\_\_\_\_
7. Home telephone \_\_\_\_\_
8. Attorney's name \_\_\_\_\_
9. Attorney's address \_\_\_\_\_
10. Attorney's telephone \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

THOMAS M. MENINO, Mayor

**PART I**  
**Business Organization**

1. The business for which this application is being filed is a: {Please check the applicable section:}

( ) Sole Proprietorship (please state owner's name) \_\_\_\_\_

( ) Partnership (list partners) \_\_\_\_\_

( ) Limited Partnership (list partners) \_\_\_\_\_

( ) Corporation name \_\_\_\_\_ (if the applicant is a corporation, give the name and home address of each officer, director and each shareholder and the amount of stock in the corporation owned by each. Submit cover sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Employer I.D. Number \_\_\_\_\_

3. If new ownership, please indicate previous d/b/a , owner and date you assumed possession

\_\_\_\_\_

**PART II**  
**Manager of Record**

Please provide the following information on the proposed manager of record:

Proposed Manager of Record: \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Father's Name \_\_\_\_\_

*WITHIN THE PAST SEVEN YEARS, HAS THE PROPOSED MANAGER BEEN CONVICTED OF A FELONY OR A VIOLATION OF A STATE OR FEDERAL NARCOTICS LAW?* \_\_\_\_\_

**PART III**  
**Operation**

Proposed Capacity of Premises \_\_\_\_\_ Number of Restrooms \_\_\_\_\_ Number of Egresses \_\_\_\_\_

Hours of Operation of AB/CV License \_\_\_\_\_

Proposed Hours of Entertainment \_\_\_\_\_

*Please provide a copy of your current:*

( ) Inspection Certificate  
Inspectional Services-1 01 0 Massachusetts Ave

( ) Fire Assembly Permit  
Fire Department Headquarters-1 15 Southampton St.

( ) AB/CV License  
Licensing Board, Boston City Hall, Room 809

( ) Use & Occupancy Certificate  
Inspectional Services-1010 Massachusetts Ave (if applicable)

( ) d/b/a Certificate  
City Clerk's Office, Boston City Hall, Room 601

( ) Articles of Organization of the Corporation  
Secretary of State's Office- 1 Ashburton Place

( ) Floorplan indicating location of machines  
(if applying for more than 2 machines)